



**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF HUMAN RESOURCE MANAGEMENT**

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To: Extended Coverage/COBRA Qualified Beneficiaries in the Commonwealth of Virginia Health Benefits Program

From: Office of State and Local Health Benefits Programs

Date: May 8, 2015

Subject: OPEN ENROLLMENT

**Annual Open Enrollment through May 22, 2015**  
**Effective July 1, 2015**

Your annual Open Enrollment opportunity is available **through May 22** and provides your annual opportunity to make changes to your health plan and membership level. Changes will be effective July 1, 2015, if you continue to be eligible for coverage. This booklet includes information about coverage options in the new plan year, and the enclosed **2015 - BENEFITS AT A GLANCE** provides a benefit comparison to help you choose your plan.

**Monthly Premium Costs Effective July 1, 2015**

Following are your plan choices and monthly premiums starting July 1, 2015. If you continue to be eligible and enroll in either the COVA Care or COVA HealthAware Plan, the premiums in the following charts can be reduced by completing the requirements to earn a premium reward (see shaded premiums). See pages 2-3 for more information about starting or continuing premium rewards.

**18 or 36-Monthly Extended Coverage/COBRA Participants**

	<b>Single</b>	<b>Two-Person</b>	<b>Family</b>
COVA Care (with preventive dental)	\$631	\$1,171	\$1,695
COVA Care + Out-of-Network	\$647	\$1,191	\$1,724
COVA Care + Expanded Dental	\$659	\$1,223	\$1,775
COVA Care + Out-of-Network + Expanded Dental	\$674	\$1,243	\$1,803
COVA Care + Expanded Dental + Vision and Hearing	\$675	\$1,251	\$1,812
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	\$691	\$1,271	\$1,840
COVA HealthAware (with preventive dental)	\$577	\$1,072	\$1,547
COVA HealthAware + Expanded Dental	\$604	\$1,124	\$1,626
COVA HealthAware + Expanded Dental & Vision	\$613	\$1,139	\$1,646
COVA HDHP (with preventive dental)	\$474	\$881	\$1,287
COVA HDHP + Expanded Dental	\$501	\$933	\$1,366
Kaiser Permanente HMO**	\$584	\$1,075	\$1,567

**29-Month (Disability Extension) Extended Coverage/COBRA Participants**

	Single	Two-Person	Family
COVA Care (with preventive dental)	\$929	\$1,722	\$2,493
COVA Care + Out-of-Network	\$951	\$1,752	\$2,535
COVA Care + Expanded Dental	\$969	\$1,799	\$2,610
COVA Care + Out-of-Network + Expanded Dental	\$992	\$1,829	\$2,652
COVA Care + Expanded Dental + Vision and Hearing	\$993	\$1,839	\$2,664
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	\$1,016	\$1,869	\$2,706
COVA HealthAware (with preventive dental)	\$849	\$1,577	\$2,276
COVA HealthAware + Expanded Dental	\$888	\$1,653	\$2,391
COVA HealthAware + Expanded Dental & Vision	\$902	\$1,676	\$2,421
COVA HDHP (with preventive dental)	\$698	\$1,296	\$1,893
COVA HDHP + Expanded Dental	\$737	\$1,373	\$2,009
Kaiser Permanente HMO**	\$860	\$1,581	\$2,304

\*\*Kaiser Permanente HMO is only available to participants who live in the Kaiser service area. If you are a current Kaiser member and do not live in its service area, you must make another plan selection. You may confirm the Kaiser service area by contacting Kaiser directly—see *Resources* on page 8 of this booklet for contact information.

**Your billing administrator will be:**

<i>If your plan is:</i>	<i>You will be billed by:</i>
COVA Care	Anthem Blue Cross and Blue Shield
COVA HealthAware	Payflex
COVA HDHP	Anthem Blue Cross and Blue Shield
Kaiser Permanente HMO	Kaiser

**Have You Earned a Premium Reward?  
New Flexibility for Meeting Premium Reward Requirements!**

During your COBRA eligibility period, if you maintain coverage and are enrolled in either a COVA Care or COVA HealthAware Plan, you can reduce your monthly premium by completing two healthy actions:

- ✓ An online health assessment
- ✓ A biometric screening

Both you and your covered spouse, if applicable, are eligible to earn a premium reward of \$17 per month (maximum \$34 premium reduction if both you and your covered spouse complete the requirements).

- **If you are already receiving the maximum premium reward** (\$17 each for you and your spouse, if enrolled), you can continue to receive the reward through June 30, 2016, as long as you remain in one of the COVA Care or COVA HealthAware Plans and **update your health assessment between March 1, 2015, and no later than June 30, 2015.** (Even though you don't need to report updated biometrics to continue your premium reward, don't forget to use your annual wellness benefits!)
- **If you have been previously eligible for a premium reward(s) but never met the requirements,** and you will still be covered in a COVA Care or COVA HealthAware Plan on July 1, 2015, you can earn a premium reward(s) by completing a health assessment (no earlier than March 1, 2015) and biometric screening (results no earlier than April 1, 2013) by June 30, 2015, for your premium reward(s) to begin on July 1, 2015.
- **If you enrolled or will enroll in either a COVA Care or COVA HealthAware Plan effective**

**August 1, 2014, through July 1, 2015**, you will be eligible for a premium reward effective July 1, 2015, and the same two requirements described above will apply.

To complete your online health assessment and/or obtain a Physician Results Form for reporting your biometric screening, register at [www.myactivehealth.com/COVA](http://www.myactivehealth.com/COVA). A few things to remember:

- You and your covered spouse need to register separately to complete your individual health assessments and obtain your Physician Results Forms.
- Both requirements must be completed within the required time frames listed above and received by June 30, 2015, in order to get your premium reward(s) effective July 1. Note that “received” refers to the date the document is faxed or, if mailed, the date of the postmark. If the time limits are met but it is not set up in the eligibility system prior to the start date, you will still get the reward(s), but they may be effective retroactively.
- Any requirement that you have previously met (including meeting the completion time limits) will still count for July 1, 2015.
- If you don’t have internet access, contact ActiveHealth Management at 866-938-0349 for assistance.

***NEW—More Flexibility!*** If you are eligible for a premium reward on July 1, 2015, but don’t meet the requirements by June 30, you can do so any time through May 31, 2016, and your premium reward will be effective the first of the month following completion of both requirements as long as you are eligible.

Anyone who enrolls in COVA Care or COVA HealthAware after July 1, 2015, will not be eligible for a premium reward until July 1, 2016.

### ***Available Plans and Changes Effective July 1, 2015***

The following plans continue to be available for July 1, and any plan changes taking effect on July 1 are listed for your review. In addition, to help you make a plan decision, the enclosed **2015 BENEFITS AT A GLANCE** offers a side-by-side comparison of the benefits under each plan. Enclosed plan option summary flyers are also good resources to help with plan selection.

#### ***COVA Care***

**Claims Administrators:** Anthem Blue Cross and Blue Shield (medical, behavioral health, prescription drugs) and Delta Dental (dental benefits)

**Plan changes effective July 1, 2015:**

- Annual deductible increases to \$300 for an individual and \$600 for a family (two or more).
- Physical therapy copayment is reduced to \$15 (applies to both primary care and specialist visits).
- If you elect a plan buy-up that includes Vision and Hearing, the routine hearing frequency of coverage is increased to once per plan year.
- Prescription drug copayments will now apply toward the out-of-pocket maximum expense limit.
- You will now have access to the LiveHealth Online Program – see page 5 for more information.
- Coverage for an entire compound drug claim will be determined by the primary ingredient. The primary ingredient is the most costly ingredient in the compound. If the primary ingredient is not a covered drug (for example, a non-FDA approved drug), the compound will not be covered. All covered compound drugs will be included in Tier 3.

#### ***COVA HealthAware***

**Claims Administrator:** Aetna (all coverage types)

**Plan change effective July 1, 2015:**

- You will have access to the Teladoc Program – see pages 5 for more information.

## **COVA High Deductible Health Plan (HDHP)**

**Plan Administrators:** Anthem Blue Cross and Blue Shield (medical, behavioral health, prescription drugs) and Delta Dental (dental benefits)

### **Plan changes effective July 1, 2015:**

- You will now have access to the LiveHealth Online Program – see page 5 for more information.
- Coverage for an entire compound drug claim will be determined by the primary ingredient. The primary ingredient is the most costly ingredient in the compound. If the primary ingredient is not a covered drug (for example, a non-FDA approved drug), the compound will not be covered.

## **Other Limited-Eligibility Plan Options**

**Kaiser Permanente HMO:** this plan continues to be available in the Northern Virginia Area. Contact Kaiser directly for additional information.

### **No Plan Changes for July 1, 2015:**

- NOTE: the Video Chat Program continues to be available—see page 5 for more information.

## **ActiveHealth Management Health and Wellness Program**

During your enrollment in either COVA Care, COVA HealthAware, or COVA HDHP, you will have access to [MyActiveHealth.com/COVA](http://MyActiveHealth.com/COVA). Registration at this web site provides tools and resources to assist participants in maintaining healthy lifestyles. Programs and coaching are available to assist participants in identifying and reaching their personal health goals.

### ActiveHealth programs include:

- Disease management programs that can provide certain drugs at no cost to the participant based on compliance with program requirements—and also help manage your chronic health condition (copayment/coinsurance incentives do not apply to the COVA HDHP):
  - ✓ Diabetes Management
  - ✓ Asthma/COPD (chronic obstructive pulmonary disease) Management
  - ✓ Hypertension (high blood pressure) Management
- An opportunity to reduce your health plan premium (does not apply to COVA HDHP)
  - ✓ Premium rewards based on completion of two healthy actions—an online health assessment and a biometric screening—see pages 2-3 for more information
- For COVA HealthAware participants, opportunities to increase their Health Reimbursement Arrangement (HRA) contributions by completing healthy activities called “Do-Rights”
  - ✓ \$50 for one completed “Do-Right” up to \$150 each for an extended coverage/COBRA participant and enrolled spouse—contact Aetna/COVA HealthAware for more information (see page 8)
- Other Programs to help you improve and maintain your health (copayment/coinsurance/HRA incentives do not apply to the COVA HDHP):
  - ✓ **Healthy Beginnings** – help for expectant moms (copay waiver/HRA contribution based on completion of program requirements)
  - ✓ **Healthy Insights** – helps you manage chronic conditions (see disease management programs listed previously)
  - ✓ **Healthy Lifestyles** – tools and coaching to keep you on track for maintaining good health through good nutrition, exercise, stress management and quitting tobacco

**IMPORTANT!** You can opt out of the MyActiveHealth portal by contacting ActiveHealth, but you will not be eligible for any incentives, including premium rewards, for the period during which you are in an opt-out

status. You may opt back into the portal as long as you remain eligible, but reinstatement takes several weeks. An individual opt-out (or opt-in) does not apply to any other covered adult under your membership.

### ***A Reminder about Dental Benefits...***

The COVA Care, COVA HealthAware and COVA HDHP basic plans (listed “with preventive dental”) will include only preventive and diagnostic dental coverage. This includes two routine oral evaluations and two cleanings per plan year, in addition to covered x-rays at 100% of the allowable charge (see Member Handbook for complete information). Expanded Dental coverage is available as an optional benefit and will include primary dental (such as fillings, extractions) covered at 80% after the deductible is met and complex restorative dental (such as crowns and bridges) covered at 50% after the deductible is met. The deductible is \$50 per person per plan year up to a maximum of \$150. There is a \$2,000 annual maximum benefit for primary and complex restorative services. Expanded dental also includes orthodontics covered at 50% with a \$2,000 lifetime maximum benefit (no deductible).

If you think you may need dental work other than preventive and diagnostic services during this plan year (as long as you remain eligible), consider selecting a plan with the Expanded Dental option. Premiums are listed on pages 1-2.

### ***Transition of Care***

If you are changing claims administrators (for example, going from COVA Care/Anthem to COVA HealthAware/Aetna) and you are receiving care that will extend beyond July 1, contact your new plan’s claims administrator for assistance to ensure a successful transition to your new coverage and provider network. If you have prescriptions with remaining refills, contact your pharmacy and/or your new claims administrator to determine if a new prescription will be required.

### ***New Options for Online Care (with Lower Cost!)***

Participants enrolled in the COVA HealthAware, COVA Care, COVA HDHP or Kaiser plans have online access to physician services for common health issues—and at a cost that’s lower than a traditional doctor’s visit.

**COVA HealthAwareTeladoc** gives you and your enrolled family members 24/7/365 access to U.S. board-certified doctors and pediatricians who can diagnose, recommend treatment and prescribe medications, all for less than a traditional doctor’s visit. The cost is \$40, but if you have met your deductible, you pay only a 20% coinsurance for your consultation. If you have available HRA funds, the cost will be automatically paid from your HRA. Otherwise, you can pay by credit card. Visit [www.teladoc.com/aetna](http://www.teladoc.com/aetna) or call 1-855-Teladoc to learn more, set up an account, or request a consultation.

**COVA Care or COVA HDHP LiveHealth Online** allows 24/7 contact with a doctor when you download the LiveHealth app or sign up at [www.livehealtholine.com](http://www.livehealtholine.com). Select from a broad network of U.S. board-certified doctors who average 15 years of experience practicing medicine and are specially trained for online visits. The cost under the COVA Care Plan is a \$25 copay. For the COVA HDHP, you pay \$49 per consultation, and the cost goes toward your deductible; once the deductible is met, you pay 20% coinsurance.

**Kaiser Permanente Video Chat** continues to be available and allows you to talk with a doctor 24/7 at no extra cost. Call the Kaiser medical advice line at 703-359-7878, and a registered nurse will determine if your condition qualifies. If it does, you will be set up with a link to talk with a doctor who will have your health record, can prescribe medicine, and can make follow-up appointments.

### ***Making Changes***

**Open Enrollment Changes** – If you wish to make a plan or membership change during Open Enrollment, your completed *Extended Coverage/COBRA Change Request* form must be mailed to the following address and postmarked no later than May 22, 2015: **Office of Health Benefits COBRA Administrator, 101 North 14<sup>th</sup> Street, 13<sup>th</sup> Floor, Richmond, VA 23219.**

Forms are available at the Department of Human Resources Management web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) or by calling 1-888-642-4414. You may also make allowable changes online by using *EmployeeDirect*, which is available at the same web site, no later than May 22, 2015. Once an election is made, it will not be changed except as allowed by the policies of the Department of Human Resource Management. After the Open Enrollment Period ends, you may not revise your Open Enrollment election because you changed your mind or you completed the form incorrectly.

If you are submitting an *Extended Coverage/COBRA Change Request* form to make an Open Enrollment change to be effective July 1, 2015, be sure to check the Open Enrollment box as the reason for making the change. Certain changes are only allowed at Open Enrollment. However some changes are allowed outside of Open Enrollment. If you check another reason for your requested change, it could affect the date or approval of the change.

***Making Changes After Open Enrollment*** – After the Open Enrollment period, membership changes will only be allowed based on the occurrence of a consistent qualifying mid-year event (such as marriage or birth of a child). The change must be made within 60 days of the event. Any increase in membership level will require documentation to support the addition of new family members.

#### ***Other News and Information***

***If You Become Entitled to Medicare or Start coverage Under another Group Health Plan...*** -

The Extended Coverage/COBRA provisions of the Public Health Service Act provide that continuation coverage will be terminated before the end of the maximum coverage period if a Qualified Beneficiary becomes covered under another group health plan or if a Qualified Beneficiary becomes entitled to Medicare benefits (under Part A, Part B or both) after electing continuation coverage. It is the obligation of the Qualified Beneficiary to notify the Office of Health Benefits (OHB) COBRA Administrator in writing within 30 days of the start of such coverage. Upon reporting these events, coverage will be terminated. Failure to report other coverage within the 30-day time limit will not preclude termination back to the date the coverage would have been terminated had it been reported on time.

***Prompt Payment of Premiums*** – Extended Coverage premium payments are due on the first day of the coverage month; however, by law, participants are given a grace period of 30 days to make each periodic payment. If the premium payment is not received by the first day of the coverage month, coverage will be suspended and then retroactively reinstated when the premium is paid. This means that any claim you submit for benefits while your coverage is suspended may be denied, but it may be resubmitted once your coverage is reactivated upon receipt of payment. If you fail to make your premium payment by the end of the grace period, you will lose all rights to continuation coverage effective the first of the month for which payment was not received. Payments are considered made when mailed.

***Address Changes - Was this package forwarded to you from an old address?*** If so, be sure to contact the Office of Health Benefits Extended Coverage/COBRA Administrator (see below) immediately to make an address correction, including an updated telephone number. If you have an e-mail address, you may ask to have it included in your eligibility record. Failure to update your mailing address can result in missing important information about your health benefits program. The Department of Human Resource Management will not be responsible for information that participants miss, including billing statements, because their address of record is incorrect. The Department's only means of communicating important information to Extended Coverage/COBRA qualified beneficiaries is through the mail. Please let your Benefits Administrator know when you move! You may also change your address by using *EmployeeDirect* on the Web at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov)—click on the *EmployeeDirect* link.

***If You Need Help...*** - Extended Coverage/COBRA qualified beneficiaries should contact the Office of Health Benefits Extended Coverage/COBRA Administrator with questions regarding Open Enrollment or about eligibility and administrative issues; however, questions regarding claims should be directed to the appropriate claims administrator (see page 8).

Office of Health Benefits Extended Coverage/COBRA Administrator  
101 North 14<sup>th</sup> Street, 13<sup>th</sup> Floor  
Richmond, VA 23219  
888-642-4414

**Enclosures:**

Summary of Benefits and Coverage for your current plan  
CHIP Notice  
2015 – Benefits at a Glance  
Plan Option Summary Flyers

**- N O T I C E S -**

***Notice***  
**Women's Health and Cancer Rights**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

**Affordable Care Act (ACA)**  
**Summary of Benefits and Coverage (SBC)**

The health benefits available to you through the Commonwealth of Virginia Health Extended Coverage/COBRA Benefits Program provide important protection for you and your family in the case of illness or injury.

Your program offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your program makes available a Summary of Benefits and Coverage (SBC) for each plan, which summarizes important information about any health coverage option in a standard format, to help you and your family compare across options.

A paper copy for the plan in which you are enrolled is enclosed. The SBCs are available on the Department of Human Resource Management's website at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

For a complete description of plan benefits, limits and exclusions always refer to the plan's Member Handbook.

**HIPAA Special Enrollment Notice**

If enrollment has been declined for an eligible family member because of other health insurance or group health plan coverage, under a HIPAA Special Enrollment, you may be able to enroll that family member in this program if they lose eligibility for that other coverage (or if an employer stops contributing towards the cost of the other coverage). However, enrollment must be requested within 60 days of the day the coverage ends (or employer contribution ends). In addition, if the new eligibility is the result of marriage, birth, adoption, or placement for adoption, enrollment may take place if requested within 60 days of the date of the marriage, birth, adoption or placement for adoption.

The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) created two new Special Enrollment rights for certain eligible family members who lose coverage or become eligible for premium assistance under a Medicaid or state children’s health insurance program. Enrollment must be requested within 60 days of the eligibility determination.

A CHIP Notice is enclosed with this booklet. Please note, however, that once a COBRA Qualified Beneficiary leaves the program, he or she may not return based on the same qualifying event.

**HIPAA Privacy**

The Office of Health Benefits Notice of Privacy Practice describes how the health plan can use and disclose your health information and how you can get access to this information. Participants enrolled in COVA Care, COVA HealthAware or COVA HDHP can contact the Office of Health Benefits Extended Coverage/COBRA Administrator or visit the DHRM web site [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) to obtain a copy of the privacy notice.

**RESOURCES FOR PLANS AND OPTIONAL BENEFITS**

Following is contact information, by plan and plan provision, which you may use to obtain additional information or assistance regarding plan options:

COVA Care and COVA HDHP	<ul style="list-style-type: none"> <li>• Medical, Prescription Drug and Behavioral Health (Anthem)</li> <li>• EAP (Anthem)</li> <li>• Dental (Delta Dental)</li> <li>• Total Population Health and Wellness (ActiveHealth Management)</li> <li>• Optional Vision (Anthem)</li> </ul>	<ul style="list-style-type: none"> <li>• 800-552-2682 <a href="http://www.anthem.com/cova">www.anthem.com/cova</a></li> <li>• 855-223-9277 <a href="http://www.anthemead.com">www.anthemead.com</a></li> <li>• 888-335-8296 <a href="http://www.deltadentalva.com">www.deltadentalva.com</a></li> <li>• 866-938-0349 <a href="http://www.myactivehealth.com/cova">www.myactivehealth.com/cova</a></li> <li>• 800-552-2682</li> </ul>
COVA HealthAware	<ul style="list-style-type: none"> <li>• Medical, Dental, Prescription Drug and Behavioral Health (Aetna)</li> <li>• EAP (Aetna)</li> <li>• Total Population Health and Wellness (ActiveHealth Management)</li> <li>• Basic and Optional Routine Vision (Aetna)</li> </ul>	<ul style="list-style-type: none"> <li>• 855-414-1901 <a href="http://www.covahealthaware.com/cova">www.covahealthaware.com/cova</a></li> <li>• 888-238-6232</li> <li>• 866-938-0349 <a href="http://www.myactivehealth.com/cova">www.myactivehealth.com/cova</a></li> <li>• 855-414-1901</li> </ul>
Kaiser Permanente HMO	<ul style="list-style-type: none"> <li>• Medical, Prescription Drug and Vision (Kaiser)</li> <li>• Dental (Dominion Dental)</li> <li>• EAP (ValueOptions)</li> <li>• Behavioral Health</li> </ul>	<ul style="list-style-type: none"> <li>• 800-777-7902 <a href="http://my.kaiserpermanente.org/mida/commonwealthofvirginia">http://my.kaiserpermanente.org/mida/commonwealthofvirginia</a></li> <li>• 888-518-5338</li> <li>• 866-517-7042</li> <li>• 866-530-8778</li> </ul>